

MEMORANDUM OF PARTICIPATION BETWEEN TRANSITIONING SOLDIER AND COMMANDER FOR CAREER SKILLS PROGRAM (CSP)

PART I: SOLDIER INFORMATION

- | | |
|-----------------------------------|---|
| 1. RANK | 2. NAME (LAST, FIRST, MI) |
| 3. SOLDIER CURRENT UNIT | 4. EXPECTED SEPARATION/ RETIREMENT DATE |
| 5. SOLDIER CIVILIAN EMAIL ADDRESS | 6. SOLDIER PHONE NUMBER |
| 7. FIRST LINE SUPERVISOR NAME | 8. FIRST LINE SUPERVISOR EMAIL |
-

PART II: PROGRAM INFORMATION

- | | | |
|---------------------|----------------|--------------|
| 9. CSP PROGRAM NAME | 10. START DATE | 11. END DATE |
|---------------------|----------------|--------------|
12. CSP TRAINING LOCATION (GARRISON NAME OR FULL ADDRESS OF OFF-POST CSP)
13. IS CSP TRAINING LOCATION OUTSIDE OF THE 50-MILE RADIUS FROM CURRENT INSTALLATION?
- YES, USE OF PTDY REQUESTED (MUST COMPLETE PART IV)**
- NO**
14. CSP POINT OF CONTACT (NAME/ PHONE)

IAW AR 600-81, Chapter 8, I must maintain satisfactory progress and attendance throughout my period of enrollment in the CSP. I will uphold military standards and accountability requirements. I have been counseled on the financial responsibilities, if any, associated with the program. I understand that my participation in this program may be terminated at any time for unit mission requirements or disciplinary reasons. I will complete the 5-day Transition Assistance Program workshop prior to enrollment in a CSP class. I authorize the release of my contact information to allow Army representatives or CSP partners to contact me regarding this program and my post-military employment, following my transition from military service.

RANK SOLDIER NAME

SOLDIER SIGNATURE

DATE

*Information on Army Career Skills Programs may be found at <https://imcom.army.mil/Organization/G1Personnel/CareerSkillsProgram.aspx>

PART III: BATTALION COMMANDER APPROVAL FOR CSP PARTICIPATION

I approve this transitioning Soldier to participate in the career skills program listed above. I verify the Soldier is within 180 days of separation/retirement. I confirm the Soldier has completed the 5-day Transition Assistance Program workshop prior to CSP enrollment. The Soldier has been counseled on financial implications of enrollment in the CSP, if applicable. The Soldier is able to meet these demands. The Soldier understands that participation in the CSP may be terminated at any time for unit mission requirements or disciplinary reasons. Accountability procedures have been put in place.

Rank	Commander Name
------	----------------

Commander Signature _____ Date _____

PART IV: AUTHORIZATION FOR PERMISSIVE TDY TO ATTEND A CSP OUTSIDE 50-MILE RADIUS

INSTRUCTIONS FOR PART IV: The first O-6 Commander in the Soldier's chain of command has the authority to approve up to 30 days of PTDY to attend an approved CSP. The authority may be delegated to the first field grade officer in the chain of command but not further delegated. Commanders having general court-martial authority have the authority to approve more than 30 days of PTDY to attend a valid CSP. The authority may be delegated to unit commanders in the rank of colonel or higher, but not further delegated.

**PTDY IS AUTHORIZED UP TO 30 DAYS
BY:**

O-6 COMMANDER
FIELD GRADE COMMANDER
DELEGEE

**PTDY IS AUTHORIZED FOR MORE THAN 30 DAYS
BY:**

COMMANDER W/ GENERAL COURT-MARTIAL
AUTHORITY
COLONEL OR HIGHER COMMANDER
DELEGEE

I have reviewed/approved the Soldier's DA Form 31 and authorize the use of PTDY to participate in the CSP at a location outside of a 50-mile radius outlined in Part II. The Soldier has been counseled on financial implications of utilizing PTDY for CSP attendance and can meet the demands. I have established command and control accountability for the Soldier while on PTDY. The Soldier has also provided an emergency point of contact.

Signature of Authority _____ Date _____

Rank	Name
------	------